



PATENT
450100-04876

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Angela C. W. Lai et al.
Serial No. : 10/644,602
Filed : August 20, 2003
For : DISTRIBUTED ON-DEMAND MEDIA TRANSCODING SYSTEM
AND METHOD
Examiner : To Be Assigned
Art Unit : 2171

745 Fifth Avenue
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EXPRESS MAIL

Mailing Label Number: EV467849015US

Date of Deposit: June 1, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Charles Jackson
(Typed or printed name of person mailing paper or fee)

Charles Jackson
(Signature of person mailing paper or fee)

PRELIMINARY AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to the issuance of the first office action, please amend the above-identified application as follows:

06/03/2004 WABRHAM1 00000001 10644602

06 FC:1255

2010.00 DP

00161809



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COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a preliminary amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Basic Fee						=\$770.00
Total claims	51	Minus	20 =	31 ×	\$18(9)	= \$558.00
Independent claims	9	Minus	3=	6 ×	\$86(43)	=\$516.00
				Total additional fee for this amendment		\$1,844.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the __ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of __ \$110 (\$55), __ \$420 (210), __ \$950 (475), __ \$1,480 (\$740) for the requisite extension is __ paid herewith.
- ☐ Credit Card Payment Form No. ____ in the amount of ____ covering the cost of the petition is enclosed.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Charles Jackson
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